

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

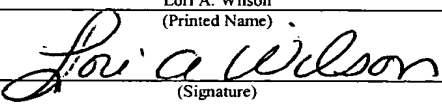
Applicant: Frye, Dale J.
Title: CONFIGURABLE VEHICLE
SEAT

Appl. No.:

Filing Date: 04/01/04

Examiner:

Art Unit:

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EV 431598430 US (Express Mail Label Number)	04/01/04 (Date of Deposit)
Lori A. Wilson (Printed Name)	
 (Signature)	

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Dale J. Frye
2556 Mariner Cove
Port Hueneme, California 93041

Enclosed are:

- ☒ [X] Specification, Claim(s), and Abstract (10 pages).
- ☒ [X] Formal drawings (2 sheets, Figures 1, 2).
- ☒ [X] Declaration and Power of Attorney (4 pages).
- ☒ [X] Assignment of the invention to Johnson Controls Technology Company.
- ☒ [X] Assignment Recordation Cover Sheet.

☒ Check in the amount of \$40.00 for Assignment recordation.

☒ Information Disclosure Statement.

☒ Form PTO-1449 listing 39 reference(s).

☒ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00 =	\$770.00
Total	14	- 20	= 0 x	\$18.00 =	\$0.00
Claims:					
Independents	2	- 3	= 0 x	\$86.00 =	\$0.00
If any Multiple Dependent Claim(s) present:			+	\$290.00 =	\$0.00
				SUBTOTAL: =	\$770.00
<input type="checkbox"/>				Small Entity Fees Apply (subtract ½ of above): =	\$0.00
				TOTAL FILING FEE: =	\$770.00

☒ A check in the amount of \$770.00 to cover the filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

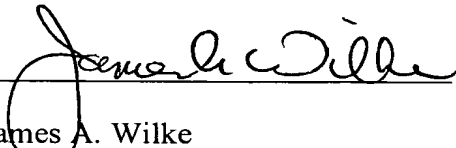
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 04-01-04

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By


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